

Performance Summaries by Departmental Objective

The following sections of the report describe VA's accomplishments associated with each of the objectives identified in the Department's strategic plan. This information complements and provides additional detail beyond the summaries of performance associated with each strategic goal (refer to the Performance Overview on pages 16–39).

For each objective, we include the following:

- **Bar charts** that show:
 - FY 2005 actual level of performance.
 - FY 2005 performance target.
 - Preliminary FY 2006 performance target (final FY 2006 targets will be shown in VA's FY 2007 Congressional budget justifications).
 - Long-range strategic target.
 - Up to 5 years of historical data.
- **Impact statements** describing the impact on the veteran of the 2005 performance result.
- A list of any **major management challenges** identified by VA's Office of Inspector General or the Government Accountability Office that have an impact on this objective.
- A description of **program evaluations** that have been completed or are ongoing.
- A list of any related **Program Assessment Rating Tool** reviews conducted.

- Any **new policies and procedures** that have been or are being implemented to improve VA's ability to achieve the strategic objective.
- Any **other important performance results** in support of the strategic objective.

Taken together, the performance summaries at both the strategic goal and objective levels provide a comprehensive picture of VA's achievements in support of its mission.

Finally, in 2005 there were six measures for which performance results were significantly below expectations and as a consequence, had a significant impact on program performance. For each of these measures, we have provided explanations of why the shortfall occurred and descriptions of resolution strategies being employed to improve performance. Please see the Performance Shortfalls table beginning on page 60 for this information. In the measures tables beginning on page 173, these results are color-coded in red.

Measures where the target was not met but the result did not significantly impact program performance do not appear in the Performance Shortfalls table. These results are color-coded in yellow in the measures tables.

Please note: In this report, with the exception of table and chart titles, references to years (e.g., 2002, 2003) are fiscal years unless stated otherwise.

Strategic Goal One

Restoration and Improved Quality of Life for Disabled Veterans

Strategic Objective 1.1

Specialized Health Care Services

Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provision of specialized health care services.

Making a Difference for the Veteran



A veteran playing wheelchair softball

25th National Veterans Wheelchair Games

More than 500 disabled veterans, including veterans of current conflicts in Iraq and Afghanistan, gathered in Minneapolis to compete in the largest annual wheelchair sports event in the world, the 25th National Veterans Wheelchair Games. The Wheelchair Games, presented by VA and the Paralyzed Veterans of America (PVA), were open to all U.S. military veterans with spinal cord injuries, neurological conditions, amputations, or other mobility impairments. Sports are important in the therapy used to treat many disabilities. For many injured veterans, the Wheelchair Games provide their first exposure to wheelchair athletics. The Minneapolis VA Medical Center and the PVA Minnesota Chapter hosted the 2005 Games. Veterans competed in track and field, swimming, basketball, weightlifting, softball, air guns, quad-rugby, 9-ball, bowling, table tennis, archery, hand cycling, a motorized rally, wheelchair slalom, and power soccer. Trap shooting, golf, and a power wheelchair relay were exhibition events. A special first-time wheelchair sports demonstration was held at the Mall of America in Bloomington, Minnesota.

Performance Trends and Impact of FY 2005 Results

Performance Trend	FY 2005 Impact																
<p style="text-align: center;"><u>Supporting Measure</u> Prevention Index II (Special Populations)</p> <table border="1"> <thead> <tr> <th>Year/Target</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2003</td> <td>80%</td> </tr> <tr> <td>2004</td> <td>86%</td> </tr> <tr> <td>2005 Result</td> <td>86%*</td> </tr> <tr> <td>2005 Plan</td> <td>86%</td> </tr> <tr> <td>2006 Plan</td> <td>86%</td> </tr> <tr> <td>Strategic Target</td> <td>86%</td> </tr> </tbody> </table> <p>* Actual data through June 2005. Final data are not yet available.</p>	Year/Target	Value	2003	80%	2004	86%	2005 Result	86%*	2005 Plan	86%	2006 Plan	86%	Strategic Target	86%	<p>Meeting the 2005 performance target has resulted in improved health of America's veterans with special needs, including those with disabilities. This index is an average of nationally recognized primary prevention and early detection interventions for nine diseases or health factors that significantly determine health outcomes.</p>		
Year/Target	Value																
2003	80%																
2004	86%																
2005 Result	86%*																
2005 Plan	86%																
2006 Plan	86%																
Strategic Target	86%																
<p style="text-align: center;"><u>Supporting Measure</u> Percent of veterans discharged from a Homeless Veterans Program, or Community-based Contract Residential Care Program to an independent or a secured institutional living arrangement</p> <table border="1"> <thead> <tr> <th>Year/Target</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2002</td> <td>65%</td> </tr> <tr> <td>2003</td> <td>72%</td> </tr> <tr> <td>2004</td> <td>79%</td> </tr> <tr> <td>2005 Result</td> <td>82%*</td> </tr> <tr> <td>2005 Plan</td> <td>79%</td> </tr> <tr> <td>2006 Plan</td> <td>80%</td> </tr> <tr> <td>Strategic Target</td> <td>80%</td> </tr> </tbody> </table> <p>* Actual data through June 2005. Final data are not yet available.</p>	Year/Target	Value	2002	65%	2003	72%	2004	79%	2005 Result	82%*	2005 Plan	79%	2006 Plan	80%	Strategic Target	80%	<p>The 2005 performance result of 82 percent exceeded the target of 79 percent to place veterans in the least restrictive setting that improves their mental and social well-being and restores their ability to begin functioning independently. The extent to which VA maintains a high placement rate of veterans to such settings enhances their quality of life.</p>
Year/Target	Value																
2002	65%																
2003	72%																
2004	79%																
2005 Result	82%*																
2005 Plan	79%																
2006 Plan	80%																
Strategic Target	80%																

Related Information

Major Management Challenges

The following major management challenges have been identified for this strategic objective:

OIG

- Part-Time Physician Time and Attendance (see page 206 for more details)
- Staffing Guidelines (see page 206 for more details)
- Quality Management (see page 207 for more details)
- Long-Term Health Care (see page 207 for more details)
- Security and Safety (see page 208 for more details)

GAO

- Access to Acute Care, Long-term Care, and Specialized Health Care Services (see page 218 for more details)
- Patient Safety Financial Management Control (see page 219 for more details)
- Resources and Workload Management Financial Management Control (see page 222 for more details)

Program Evaluations

A contract has been awarded to begin a program evaluation of the services for severely mentally ill patients. Four patient populations have been defined for study: schizophrenia, bipolar, post-traumatic stress disorder, and major depressive disorder. These patients represent high-volume, high-cost patients. Patient-centered outcomes have been developed for each of the patient populations along a continuum of care from diagnosis and assessment, treatment, and chronic disease management through rehabilitation. In addition to the evaluation of outcomes for each diagnosis group, research questions will address other aspects of mental health treatment. These will include such areas as variations in availability of services, receipt of care for non-mental health diagnoses, barriers to access for care, and comparison of services and outcomes for non-VA patients. The study will take approximately 2 years to complete.

Program Assessment Rating Tool (PART) Evaluation

In relation to this strategic objective, the Administration conducted a PART evaluation of VA's Medical Care program during 2003, which resulted in a rating of "Adequate." Please see Summary Table 3 on page 57 for more information.

New Policies and Procedures

A new directive was issued for *Physical Medicine and Rehabilitation Outcomes for Stroke, Traumatic Brain Injury, and Lower-Extremity Amputation Patients* that does the following:

- Provides a mechanism for the recording and tracking of medical rehabilitation outcomes for stroke patients and the special patient populations of traumatic brain injury (TBI) and lower-extremity amputations.
- Utilizes Functional Status Outcomes Database to measure and track rehabilitative outcomes in all new stroke, lower-extremity amputations, and TBI.
- Ensures that a functional assessment is administered to determine rehabilitation needs following the onset of the impairment.
- Creates a database for the development of a new Supportive Indicator entitled: *Percent of Applicable Inpatients with a Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) Admission*.

A new directive was issued for *Polytrauma Rehabilitation Centers* that does the following:

- Establishes the policy for the four regionally established Polytrauma Rehabilitation Centers (PRC).
- Defines the role of the PRC in providing a full range of care to patients with a sustained and varied pattern of severe and disabling injuries including TBI, amputation, visual and hearing impairment, spinal cord injury, musculoskeletal injuries, wounds, and psychological trauma.

- Defines a seamless transition and facilitates communication among military treatment facilities, PRC, servicemembers, and family members.
- Defines the linkage to the larger VHA system of care.
- Defines a dedicated interdisciplinary core rehabilitation team and dedicated consultative services.
- Defines the responsibilities necessary to provide comprehensive rehabilitation services for individuals with complex cognitive, physical, and mental health conditions of severe and disabling trauma and to provide support to their families.

Other Important Results

Although data are not yet available, VHA has developed two new performance measures to enable VA to monitor the degree to which veterans returning from a combat zone with or without an injury or illness have access to a primary or specialty care appointment within 30 days of the desired date.

Strategic Objective 1.2

Decisions on Disability Compensation Claims

Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-disabled veterans.

Making a Difference for the Veteran



Walter Reed Army Medical Center
outreach

Just Doing Her Job

The wife of a New Orleans World War II veteran called it a “Christmas Miracle.” New Orleans VA Regional Office decision review officer Marlene Pittari called it just doing her job. Pittari read a newspaper article about the couple’s intention to publicly renew their wedding vows to show that love conquers all, including their financial and health problems. The wife’s wedding ring had been stolen at gunpoint earlier in the year and financial difficulties arose after her husband’s stroke in 2001. The article mentioned that the husband’s military records had been lost in the fire at the federal records center in St. Louis years ago and that he was having trouble establishing service-connected disability with VA. After reading the article, Pittari found the veteran’s case file which was pending review and got a rating started right away. On December 30, the VA Regional Office notified the veteran and his wife that he will receive monthly payments at the 100 percent disability rate as well as a sizeable retroactive payment.

Performance Trends and Impact of FY 2005 Results

Performance Trend	FY 2005 Impact																		
<p>Key Measure Average Days to Process Compensation and Pension Rating-Related Actions</p> <table border="1"> <thead> <tr> <th>Year/Target</th> <th>Average Days</th> </tr> </thead> <tbody> <tr> <td>2001</td> <td>181</td> </tr> <tr> <td>2002</td> <td>223</td> </tr> <tr> <td>2003</td> <td>182</td> </tr> <tr> <td>2004</td> <td>166</td> </tr> <tr> <td>2005 Result</td> <td>167</td> </tr> <tr> <td>2005 Plan</td> <td>145</td> </tr> <tr> <td>2006 Plan</td> <td>145</td> </tr> <tr> <td>Strategic Target</td> <td>125</td> </tr> </tbody> </table>	Year/Target	Average Days	2001	181	2002	223	2003	182	2004	166	2005 Result	167	2005 Plan	145	2006 Plan	145	Strategic Target	125	<p>On average, the veteran had to wait an additional day for a rating decision when compared to last year (167 vs. 166 days). While negligible, this processing time is too long, does not meet the needs of the veteran, and is significantly higher than the 145-day target. The continuing increase in the number of claims received did appreciably affect VA's ability to meet its 2005 target.</p>
Year/Target	Average Days																		
2001	181																		
2002	223																		
2003	182																		
2004	166																		
2005 Result	167																		
2005 Plan	145																		
2006 Plan	145																		
Strategic Target	125																		
<p>Key Measure Average Days Pending for Rating-Related Compensation Actions</p> <table border="1"> <thead> <tr> <th>Year/Target</th> <th>Average Days</th> </tr> </thead> <tbody> <tr> <td>2001</td> <td>186</td> </tr> <tr> <td>2002</td> <td>179</td> </tr> <tr> <td>2003</td> <td>114</td> </tr> <tr> <td>2004</td> <td>120</td> </tr> <tr> <td>2005 Result</td> <td>122</td> </tr> <tr> <td>2005 Plan</td> <td>119</td> </tr> <tr> <td>2006 Plan</td> <td>119</td> </tr> <tr> <td>Strategic Target</td> <td>78</td> </tr> </tbody> </table>	Year/Target	Average Days	2001	186	2002	179	2003	114	2004	120	2005 Result	122	2005 Plan	119	2006 Plan	119	Strategic Target	78	<p>Slightly above the 2005 target, this timeliness measure has remained fairly constant over the last several years. This has a direct positive impact on veterans because decisions were made faster this year compared to a few years ago.</p>
Year/Target	Average Days																		
2001	186																		
2002	179																		
2003	114																		
2004	120																		
2005 Result	122																		
2005 Plan	119																		
2006 Plan	119																		
Strategic Target	78																		
<p>Key Measure National Accuracy Rate for Compensation Core Rating Work</p> <table border="1"> <thead> <tr> <th>Year/Target</th> <th>Accuracy Rate</th> </tr> </thead> <tbody> <tr> <td>2001</td> <td>80%</td> </tr> <tr> <td>2002</td> <td>80%</td> </tr> <tr> <td>2003</td> <td>86%</td> </tr> <tr> <td>2004</td> <td>87%</td> </tr> <tr> <td>2005 Result</td> <td>84%*</td> </tr> <tr> <td>2005 Plan</td> <td>88%</td> </tr> <tr> <td>2006 Plan</td> <td>90%</td> </tr> <tr> <td>Strategic Target</td> <td>98%</td> </tr> </tbody> </table> <p>* Actual data through June 2005. Final data will be available in January 2006.</p>	Year/Target	Accuracy Rate	2001	80%	2002	80%	2003	86%	2004	87%	2005 Result	84%*	2005 Plan	88%	2006 Plan	90%	Strategic Target	98%	<p>The veteran is entitled to an accurate decision on his or her compensation claim. While only 4 percentage points below the 2005 target, VA continues to strive to improve in this important area by providing enhanced training to help employees deal with increasingly complex compensation-related decisions.</p>
Year/Target	Accuracy Rate																		
2001	80%																		
2002	80%																		
2003	86%																		
2004	87%																		
2005 Result	84%*																		
2005 Plan	88%																		
2006 Plan	90%																		
Strategic Target	98%																		

Related Information

Major Management Challenges

The following major management challenges have been identified for this strategic objective:

OIG

- State Variances in VA Disability Compensation Payments (see page 202 for more details)
- Compensation and Pension Timeliness (see page 203 for more details)
- Compensation and Pension Program's Internal Controls (see page 204 for more details)
- Fugitive Felon Program (see page 205 for more details)

GAO

- Timeliness and Accuracy (see page 220 for more details)
- Consistency of Claims Decisions (see page 221 for more details)
- Staffing Level Justification (see page 221 for more details)
- Program Transformation and Modernization (see page 221 for more details)

Program Evaluations

The Veterans' Disability Benefits Commission, established under Public Law 108-136, is conducting a comprehensive evaluation and assessment of benefits provided under current federal laws to compensate veterans and their survivors for disability or death attributable to military service. The Commission will make recommendations concerning the appropriateness of such benefits under existing laws, the appropriateness of the level of such benefits, and the appropriate standards for determining whether a veteran's disability or death should be compensated. The Commission began the study in May 2005 and expects to issue its report within 15 months.

Program Assessment Rating Tool (PART) Evaluation

In relation to this strategic objective, the Administration conducted a PART evaluation of VA's Compensation program during 2002, which resulted in a rating of "Results Not Demonstrated." Please see Summary Table 3 on page 57 for more information.

New Policies and Procedures

The Veterans Claims Assistance Act of 2000 has significantly increased both the length and complexity of claims development. VA's notification and development duties increased, adding more steps to the claims process and lengthening the time it takes to develop and decide a claim.

VA expects increased workload due to pending requirements to expand outreach efforts. These requirements would involve additional efforts to identify and inform veterans who are not enrolled or registered with VA about their potential eligibility for benefits or services, including eligibility for medical and nursing care.

Two new benefits, Combat Related Special Compensation (CRSC) and Concurrent Retired and Disability Pay (CRDP), are expected to contribute to increased workload. CRSC is a benefit available from DoD for certain military retirees with qualifying combat or combat-like disabilities. It became effective July 1, 2003, and was expanded effective January 1, 2004. CRDP is another DoD program that permits partial to total restoration of retired pay previously waived to receive VA compensation.

Other Important Results

Despite the increased workload, the overall customer satisfaction rate for compensation has increased each year, from 52 percent in 2001 to 59 percent in 2004. In addition, the national accuracy rate for compensation authorization work, which increased from 69 percent in 2001 to 90 percent in 2004, remains steady at 91 percent through June 2005.

The Board of Veterans' Appeals (BVA) introduced a number of employee incentives and training programs to increase productivity while maintaining high decisional quality. BVA trains Veterans Law Judges and staff counsel to write clear, correct, and concise decisions and employs a quality review process that translates "lessons learned" into directed training through quarterly "Grand Rounds" training sessions. BVA has a full-time training coordinator who oversees training sessions on specific legal issues, writing skills, and other matters. Grand Rounds and other training keep the legal staff current with continuing changes in the law. The ultimate benefit to our Nation's veterans is improved decisional quality, reduced remands, and quicker resolution of appeals as manifested by a cycle time of 104 days -- 46 days faster than the target of 150 days.

Strategic Objective 1.3

Suitable Employment and Special Support

Provide all service-disabled veterans with the opportunity to become employable and obtain and maintain suitable employment, while providing special support to veterans with serious employment handicaps

Making a Difference for the Veteran



A VR&E counselor from the Waco, Texas, VA Regional Office, meets with a veteran

VET IT Provides Bridge to New Careers

In June 2005, "VET IT," a VA effort to introduce disabled Iraqi and Enduring Freedom veterans to new careers and possible employment within the Department, became official with the signing of a memorandum of understanding between the VA Office of Information and Technology and Walter Reed Army Medical Center. The new program encourages young men and women -- most in their early to mid-twenties and severely injured in battle -- to start new careers. VET IT enables them to gain work experience and become familiar with VA as volunteers while awaiting their military disability rating and discharge. The volunteers are paired with VA mentors who guide them through work at skill levels determined by their interest, experience, and competency testing. Disabled servicemembers have joined VET IT as volunteers. Ten have been discharged from the military and hired by VA, and more hires are expected in the near future. VA IT mentors agree that these young veterans share an eagerness to restart their lives, a willingness to learn a new profession, dedication to the United States, and a strong, disciplined work ethic from their military service.

Performance Trend and Impact of FY 2005 Result

Performance Trend	FY 2005 Impact																		
<p style="text-align: center;">Key Measure Vocational Rehabilitation and Employment Rehabilitation Rate</p> <table border="1"> <thead> <tr> <th>Year/Target</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2001</td> <td>65%</td> </tr> <tr> <td>2002</td> <td>62%</td> </tr> <tr> <td>2003</td> <td>59%</td> </tr> <tr> <td>2004</td> <td>62%</td> </tr> <tr> <td>2005 Result</td> <td>63%</td> </tr> <tr> <td>2005 Plan</td> <td>66%</td> </tr> <tr> <td>2006 Plan</td> <td>66%</td> </tr> <tr> <td>Strategic Target</td> <td>70%</td> </tr> </tbody> </table>	Year/Target	Rate (%)	2001	65%	2002	62%	2003	59%	2004	62%	2005 Result	63%	2005 Plan	66%	2006 Plan	66%	Strategic Target	70%	<p>A primary goal of the VR&E program is to assist service-disabled veterans in becoming employable. The rehabilitation rate is the key indicator of the program's success as it illustrates the number of veterans successfully reentering the workforce following completion of the VR&E program. An increase in the rehabilitation rate means that a higher percentage of veterans are exiting the program successfully and have attained suitable employment or maximum independence in daily living. While slightly below the 2005 target, the rehabilitation rate has steadily increased since 2003.</p>
Year/Target	Rate (%)																		
2001	65%																		
2002	62%																		
2003	59%																		
2004	62%																		
2005 Result	63%																		
2005 Plan	66%																		
2006 Plan	66%																		
Strategic Target	70%																		

Related Information

Major Management Challenges

Neither VA's Office of the Inspector General nor the Government Accountability Office identified any major management challenges related to this objective.

Program Evaluations

In May 2003 the Secretary of Veterans Affairs approved a charter to create a Vocational Rehabilitation and Employment (VR&E) Task Force. In March 2004 the VR&E Task Force completed its work and released its findings including more than 100 recommendations. The Task Force's recommendations largely focused on increasing efforts to aid veterans in finding suitable employment. A key recommendation was that VR&E adopt a 5-Track Employment Model to move veterans quickly into a program of services. Information on the implementation of some of the major recommendations is provided below.

Program Assessment Rating Tool (PART) Evaluation

The PART review of the VR&E program is scheduled for 2006.

New Policies and Procedures

In response to the VR&E Task Force's recommendations, several new policies and procedures were implemented in support of Objective 1.3 during 2005. These included:

- Established four pilot sites for the new Job Resource Labs. These self-service job resource labs will aid veterans in their job search process through the use of an on-line employment preparation and job-seeking tool.
- Increased training for VR&E officers and counselors, including training sessions on Corporate WINRS and the new Evaluation & Planning Standards of Practice.
- Introduced the Managerial Enhancement Program for VR&E counselors as a means of succession planning and developing future leaders.
- Continued focus on outreach efforts to veterans transitioning from military careers to civilian careers

through the Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP). VR&E has issued a video and presentation materials to all regional offices so that DTAP presentations are standardized across the Nation.

- Signed various memoranda of understanding to develop partnerships with potential veteran employers. VR&E has signed agreements with the Council of State Administrators of Vocational Rehabilitation programs, United States Army Materiel Command, Home Depot, and Helmets to Hardhats.

Other Important Results

Performance results related to two VR&E performance measures, Accuracy of Decisions (Services) and Accuracy of Program Outcomes, have shown significant improvements over the past year. This is due to quality assurance reviews and site visits to regional offices, which have assisted VR&E officers and counselors in identifying best practices as well as areas needing more focused attention.

Strategic Objective 1.4

Improved Standard of Living for Eligible Survivors

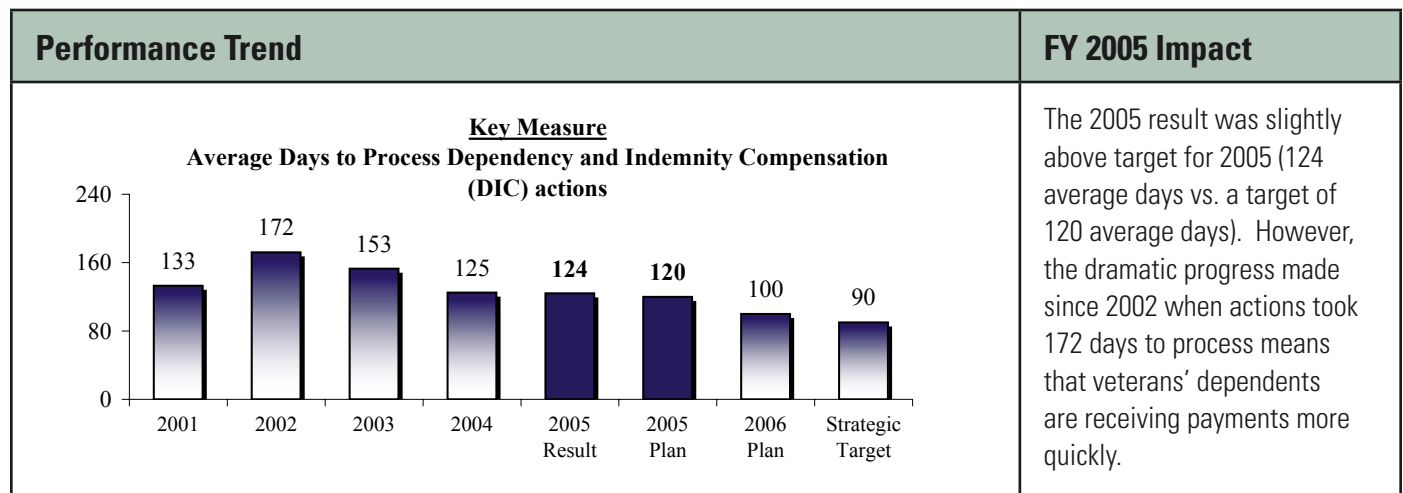
Improve the standard of living and income status of eligible survivors of service-disabled veterans through compensation, education, and insurance benefits.

Making a Difference for the Veteran

Going the Extra Mile

An article in a local newspaper spurred Manchester, New Hampshire VA Regional Office employees to go the “extra mile” for a veteran’s surviving son. The article featured Stephen DiFabio, a star quarterback at a Derry, New Hampshire, high school. Stephen lost both of his parents to cancer, his father most recently. The article explained how Stephen used football to deal with the tragedy and mentioned that his father, Paul DiFabio, had been a Vietnam-era Navy veteran. Derwood Haskell, staff attorney for the Regional Counsel, brought it to the attention of Veterans Service Center (VCS) Manager Sandra Hill, asking if the young man might be entitled to benefits. Marie Brochu, VSC coach, contacted Stephen’s guardian, an uncle in Salem, New Hampshire, and a claim for Dependency and Indemnity Compensation was filed. Once service records and other medical evidence were received, service connection for cause of death was established based on Mr. DiFabio’s exposure to asbestos in service, and benefits were awarded to Stephen. Though Mr. DiFabio had not filed for disability benefits before his death, Manchester VA employees ensured that his son received benefits to which he is entitled as a surviving dependent.

Performance Trend and Impact of FY 2005 Result



Related Information

Major Management Challenges

The following major management challenges have been identified for this strategic objective:

OIG

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Program Assessment Rating Tool (PART) Evaluation

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New Policies and Procedures

The Veterans Claims Assistance Act of 2000 has significantly increased both the length and complexity of claims development. VA's notification and development duties increased, adding more steps to the claims process and lengthening the time it takes to develop and decide a claim.

Other Important Results

The total number of DIC claims completed during 2005 is 27,740, which is 2 percent more than the 27,191 completed in 2004.